

**U.S. Public Health Service
Office of Force Readiness and Deployment
Student Application**

Please initial next to each line on the form below confirming that you have met the OFRD course prerequisites. Fax this page along with your completed course application and a copy (front and back) of your BLS for Healthcare Providers card to the OFRD fax number on the following page.

INITIAL	OFRD REQUIREMENTS
	Own at least 2 complete pairs of the Working Khaki uniform.
	APPLICATION PREREQUISITES
	Supervisor's permission to attend.
	Completed physical exam on file with MAB within past 5 years.
	Certified in AHA BLS for Healthcare Providers and recorded on OFRD Officer Summary Page. You must fax a copy of your BLS card (front and back) with your application.
	Current licensure (if applicable) on file with OCCO and recorded on OFRD Officer Summary Page.
	Immunization requirements completed and recorded on the OFRD Officer Summary Page.
	Current APFT recorded at OFRD website or completion of President's Challenge
	Recorded height and weight on OFRD Officer Summary Page.
	Current login and update of OFRD Officer Summary Page.
	Completion of, minimally, the 12 defined modules of the OFRD Online Training Program, to meet BASIC readiness standards.



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1101 Wootton Pkwy · Suite 100 · Rockville, MD 20857
Fax (240) 453-6110



APPLICATIONS MUST BE TYPEWRITTEN

(YOU MUST FILL IN EACH FIELD)

Course Title:	Course Date: Select only ONE course date
Liaison Officer Training (LNOII/SERT)	December 7 - 10, 2004

PHS Serial Number (SERNO)	S.S.N.	Deployment Role	BLS for Healthcare Provider Expiration Date
			/ /

Name (LAST)	(FIRST)	Rank:	PHS Category:

Home Address:	City, State, Zip Code:

Home E-Mail:	Home Phone:	Mobile/Pager:

Duty Station Address	City, State, Zip Code:

Work E-Mail:	Work Phone:	Work Fax:

OPDIV/Agency:	Current Job Title:

Mode of Transportation: check applicable	If traveling by air, please specify Airports of Departure :
<input type="checkbox"/> Automobile <input type="checkbox"/> Air Travel	1 st Choice 2 nd Choice

Have you attended this course in the past?
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when?

Why do you think you should be selected for this course?		
Supervisor's Name	Supervisor's Signature	Date